



# **QUITLINE REFERRAL SITE REGISTRATION FORM**

### PLEASE PRINT CLEARLY- ALL INFORMATION IS REQUIRED

Employer Name					
Mailing Address:					
City:	County:		<del></del>	, VA Zip code	e
Business FAX NUMBER	: ()				
Contact Person:					
Position/ Job Title:					
Contact Person's Phone	e Number: ()		<del></del>		
Contact Person's Email	Address:				
Is your company/ busir	ness HIPAA compliant	t? <b>YES</b>	/ NO		

EMAIL or FAX THIS FORM TO:
Rita W. Miller, Cessation Services Coordinator
Virginia Department of Health
Rita.Miller@vdh.virginia.gov

Kita.iviiiier@vdn.virginia.gov Fax: 804-864-7205

Questions - Call- 804-864-7897

VDHLiveWell.com/tobacco

### **Quitline Referral Site Registration**

## **Explanations and Instructions to Complete Registration Form**

#### **Please PRINT clearly**

#### **ALL INFORMATION IS REQUIRED**

**Employer Name**- the name of the company or business registering to refer employees. If this is a large employer, please include the name of the specific site/ location/ department within that company/business.

Mailing Address- the complete mailing/shipping address. No P.O. boxes.

Office Fax Number- This number used when Optum (the quitline service provider) faxes back the employee's outcomes report. (Only HIPAA compliant sites will receive employee outcome reports. All referral sites will receive an aggregate monthly report to allow tracking of referred employees.)

**Contact Person**- the name of the person to contact if there is a problem with any transmissions or we have any questions about information on the form. The Contact Person can be any designated employee of the company. The referral outcome report will be sent by OPTUM to the Contact Person, who may need to forward it to another department depending on your determined protocol.

Position/ Job Title- the position or job title of the Contact Person

**Contact Person's phone and Email-** contact information used if/when we need to send a message to the company.

Indicate if this is a HIPAA compliant company/business as defined by HIPAA.

Return completed form to VDH by email to: Rita.Miller@vdh.virginia.gov